

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/069550** FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL ID.	1					
TOTAL EP.	1	↓	↓	↓		
TOTAL AIMS	2	↓	↓	↓		

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TOTAL EP.		↓	↓	↓		
TOTAL AIMS	2	↓	↓	↓		
TOTAL CLAIMS						